

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10803246

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3	/					
4	/					
5	/					
6	/					
7		6				
8		1				
9		1				
10		1				
11		1				
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49						
50						
TOTAL IND.	12					
TOTAL DEP.	15					
TOTAL CLAIMS	27					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						